| Fill | in this informa | tion to identify yo | our case: | | | 1 | | | | | |
|--------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|--------------------------------------|----------------------------------------------------------------------|--|--|--|
| Debtor 1 Estella Mack Chambers | | | | | | | Check if this is: An amended filing | | | | |
| | otor 2 ouse, if filing) | | | | | | · · | wing postpetition chapter the following date: | | | |
| Unit | ted States Bankr | uptcy Court for the | EASTE | RN DISTRICT OF PENNS | YLVANIA | | MM / DD / YYYY | | | | |
| | se number 16 nown) | 6-11944 | | | | | | | | | |
| | | rm 106J | _ | | | | | | | | |
| Be info | as complete a | | possible. eded, atta | If two married people are | | | | | | | |
| Par 1. | t 1: Descr Is this a join | ibe Your House | hold | | | | | | | | |
| | ■ No. Go to □ Yes. Doe | o line 2. s Debtor 2 live i | · | | | | | | | | |
| | ШYe | es. Debtor 2 mus | st file Officia | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | otor 2. | | | | |
| 2. | | | | | | | | | | | |
| | Do not list Do Debtor 2. Do not state dependents | the | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? No Yes No Yes No Yes No Yes No Yes No | | | |
| 3. | expenses of | oenses include f people other tl d your depende | han 👝 | No Yes | | | | — 103 | | | |
| Est exp app | imate your ex penses as of a plicable date. lude expense | date after the k | our bankru bankruptc non-cash (| y Expenses uptcy filing date unless y y is filed. If this is a supp government assistance it | lemental <i>Schedule</i> f you know | | | | | | |
| | ficial Form 10 | | u nave mo | idded it on <i>Schedule I. 1</i> | our meome | | Your exp | enses | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. In r lot. | nclude first mortgag | e 4. | \$ | 785.00 | | | |
| | If not includ | led in line 4: | | | | | | | | | |
| | 4b. Properture 4c. Home 4d. Home | owner's associat | pair, and u | pkeep expenses dominium dues | | 4a. 4b. 4c. 4d. | \$ \$ \$ | 83.00 0.00 40.00 0.00 | | | |
| 5. | Additional n | nortgage payme | ents for yo | ur residence, such as ho | me equity loans | 5. | \$ | 0.00 | | | |

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| Estella Mack Chambers | Case num | ber (if known) | 16-11944 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ities: | | | |
| | 6a. | \$ | 149.65 |
| | | · | 142.00 |
| | | · | 99.00 |
| | | * | |
| . , | | | 0.00 |
| | | | 433.00 |
| | _ | · | 0.00 |
| | - | * | 60.00 |
| · · | 10. | \$ | 0.00 |
| • | 11. | \$ | 0.00 |
| nsportation. Include gas, maintenance, bus or train fare. | 40 | • | 0.00 |
| | | · | 0.00 |
| | 13. | \$ | 0.00 |
| aritable contributions and religious donations | 14. | \$ | 0.00 |
| urance. | | | |
| not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| . Life insurance | 15a. | \$ | 0.00 |
| . Health insurance | 15b. | \$ | 0.00 |
| . Vehicle insurance | 15c. | \$ | 261.00 |
| . Other insurance, Specify: | 15d. | \$ | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | · | 0.00 |
| cify: | 16. | \$ | 0.00 |
| | | • | |
| • • | | · | 376.00 |
| • • | 17b. | \$ | 0.00 |
| . Other. Specify: | 17c. | \$ | 0.00 |
| . Other. Specify: | 17d. | \$ | 0.00 |
| ir payments of alimony, maintenance, and support that you did not report as | | | |
| lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| er payments you make to support others who do not live with you. | | \$ | 0.00 |
| cify: | 19. | | |
| | edule I: Yo | ur Income. | |
| . Mortgages on other property | 20a. | \$ | 0.00 |
| . Real estate taxes | 20b. | \$ | 0.00 |
| . Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| · | 20d. | \$ | 0.00 |
| | | · | 0.00 |
| | | · | |
| · · · - | | +φ | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | | . |
| • | | | 2,428.65 |
| . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,428.65 |
| culate your monthly net income | | | |
| | 000 | ¢ | 0.000.00 |
| • • • | | | 2,929.00 |
| . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,428.65 |
| Cubtract your monthly expenses from your monthly income | | | 500.35 |
| . Subtract your monthly expenses from your monthly income. | | | 500.35 |
| The result is your <i>monthly net income</i> . | 23c. | \$ | |
| | | | |
| The result is your monthly net income. you expect an increase or decrease in your expenses within the year after your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you | ou file this | form? | |
| The result is your <i>monthly net income.</i> you expect an increase or decrease in your expenses within the year after you | ou file this | form? | |
| | lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). her payments you make to support others who do not live with you. herify: | Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: In da and housekeeping supplies In dia and dehildren's education costs In ding, laundry, and dry cleaning In sonal care products and services In dical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Insportation. Include gas, maintenance, and support included in lines 4 or 20. Insportation. Include fare gas particulated from your pay or included in lines 4 or 20. In the insurance deducted from your pay or included in lines 4 or 20. In the insurance gas | ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: da and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services flicial and dental expenses snsportation. Include gas, maintenance, bus or train fare. not include car payments. retainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. Inclined insurance deducted from your pay or included in lines 4 or 20. Life insurance Yehicle insurance 15a. Health insurance Onto include taxes deducted from your pay or included in lines 4 or 20. cify: 16. Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 The. Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: 17c. 18. Under. Specify: 17d. Under. Speci |